

AUTO CR - LOG SUMMARY #1071214

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers responded to a domestic disturbance. During the investigation of the disturbance, [REDACTED] became uncooperative and attempted to prevent FTO Gibbons from effecting the arrest of [REDACTED] Sgt. Ciccola, who arrived to assist the first officers on the scene, deployed his Taser at [REDACTED] back to overcome his resistance.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CONROY, PATRICK J	267	[REDACTED]	025 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-AUG-2014 03:40 - 26-AUG-2014 03:40	[REDACTED]	2512	025	291 - RESIDENTIAL YARD	(FRONT/BACK)

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	CICCOLA, DOMINICK A	1329	[REDACTED]	025 /	SERGEANT OF POLICE	M	WHI		
CPD Employee	Witness	GIBBONS, KEVIN B	11265	[REDACTED]	025 /	PO/FIELD TRNG OFF	M	WHI		
NON-CPD	Victim/Subject	[REDACTED]		[REDACTED]			M	BLK	[REDACTED]	
NON-CPD	Witness	[REDACTED]		[REDACTED]			M	BLK	[REDACTED]	
NON-CPD	Witness	[REDACTED]		[REDACTED]			M	BLK	[REDACTED]	
CPD Employee	Witness	SALADINO, JENNIFER A	1207	[REDACTED]	025 /	POLICE OFFICER	F	WHI		
CPD Employee	Witness	DEFERVILLE, JOSEPH E	1408	[REDACTED]	025 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
------	-----------------	----------------	--------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		

Notification Comments:

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:17	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:17	MCGHEE, CYNTHIA	CLERK 3	113 /	
PENDING ASSIGN TEAM	27-AUG-2014 08:53	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	27-AUG-2014 07:47	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	26-AUG-2014 06:17	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LUKAS, JAMES	26-AUG-2014 06:17			
	DOCUMENTS - INTAKE INCIDENT		2	FTO Kevin Gibbons - [REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	FTO Kevin Gibbons - [REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	HX-[REDACTED]	N	LUKAS, JAMES	26-AUG-2014 10:11	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Jennifer Putney - [REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	HX-[REDACTED] Sgt. Ciccola, #1329, 25th Dist.	N	LUKAS, JAMES	26-AUG-2014 09:31	DELETED		
	DOCUMENTS - INTAKE INCIDENT		1		N	LUKAS, JAMES	26-AUG-2014 10:02	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		8	[REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:44	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sgt. Dominick Ciccola - [REDACTED]	N	LUKAS, JAMES	26-AUG-2014 10:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	FTO Kevin Gibbons - [REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Joseph Deferville - [REDACTED]	N	HAYES, SHANNON	27-AUG-2014 07:41	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		5		N	HAYES, SHANNON	27-AUG-2014 07:44	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

FACE SHEET (Notification Date: 26-AUG-2014) - LOG #1071214

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CONROY, PATRICK J	267		025 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-AUG-2014 03:40 - 26-AUG-2014 03:40		2512	025	291 - RESIDENTIAL YARD (FRONT/BACK)	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	26-AUG-2014 18:17	LUKAS, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:17	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:17	MCGHEE, CYNTHIA	CLERK 3	113 /	
PENDING ASSIGN TEAM	27-AUG-2014 08:53	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	27-AUG-2014 07:47	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	26-AUG-2014 06:17	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

1. DATE OF INCIDENT 26-AUG-2014		TIME 15:43:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 291		4. BEAT/OCCUR 2512																																																																																																																																																							
5. POSITION 9171		6. LAST NAME CICCOLA		7. FIRST NAME DOMINICK A		8. STAR NO. 1329		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI																																																																																																																																																							
14. DATE OF APPT. 18-NOV-1991		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2530		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																							
20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F																																																																																																																																																							
24. RACE BLK				25. D.O.B. [REDACTED]				26. HT. 509		27. WT. 250																																																																																																																																																							
31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				33. SUBJECT INJURY? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence																																																																																																																																																									
34. Hospitalized <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				35. Not Hospitalized <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				36. Refused Medical Aid <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																									
37. CB NO. [REDACTED]				38. IR NO. [REDACTED]				39. DNA <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">SUBJECT'S ACTIONS</th> <th style="width:20%;">PASSIVE RESISTER</th> <th style="width:20%;">ACTIVE RESISTER</th> <th style="width:20%;">ASSAILANT: ASSAULT</th> <th style="width:20%;">ASSAILANT: BATTERY</th> <th style="width:25%;">ASSAILANT: DEADLY FORCE</th> </tr> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>PULLED AWAY <input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/></td> <td></td> <td></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td>OTHER _____</td> </tr> </table>												SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>			OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER _____		OTHER _____		OTHER _____	OTHER _____																																																																																																																														
SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE																																																																																																																																																												
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																																																																																																																																																												
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>			OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>																																																																																																																																																												
OTHER _____		OTHER _____		OTHER _____	OTHER _____																																																																																																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">MEMBER'S RESPONSE</th> <th style="width:20%;">OPEN HAND STRIKE</th> <th style="width:20%;">ELBOW STRIKE</th> <th style="width:20%;">KNEE STRIKE</th> <th style="width:25%;">FIREARM</th> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WRISTLOCK <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Laser Targeted) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												MEMBER'S RESPONSE	OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM	MEMBER PRESENCE <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	VERBAL COMMANDS <input checked="" type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>	CANINE <input type="checkbox"/>				WRISTLOCK <input type="checkbox"/>	TASER (Probe Discharge) <input checked="" type="checkbox"/>				ARMBAR <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>				PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>				CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____				OTHER _____																																																																																																								
MEMBER'S RESPONSE	OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM																																																																																																																																																													
MEMBER PRESENCE <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____																																																																																																																																																													
VERBAL COMMANDS <input checked="" type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																																																																																																																																																														
ESCORT HOLDS <input type="checkbox"/>	CANINE <input type="checkbox"/>																																																																																																																																																																
WRISTLOCK <input type="checkbox"/>	TASER (Probe Discharge) <input checked="" type="checkbox"/>																																																																																																																																																																
ARMBAR <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>																																																																																																																																																																
PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>																																																																																																																																																																
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>																																																																																																																																																																
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____																																																																																																																																																																
OTHER _____																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">40. ADDITIONAL INFORMATION</td> </tr> <tr> <td>POSITION [REDACTED]</td> <td>STAR NO. [REDACTED]</td> <td>UNIT [REDACTED]</td> <td></td> </tr> </table>												40. ADDITIONAL INFORMATION				POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]																																																																																																																																															
40. ADDITIONAL INFORMATION																																																																																																																																																																	
POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]																																																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">41. WEAPON TYPE</td> <td colspan="2">42. INCIDENT OCCURRED</td> <td colspan="2">43. LIGHTING CONDITIONS</td> <td colspan="2">44. WEATHER CONDITIONS</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER </td> <td colspan="2"> <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors </td> <td colspan="2"> <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial </td> <td colspan="2"> CLEAR </td> </tr> <tr> <td colspan="4">45. MAKE/MANUFACTURER</td> <td colspan="2">46. MODEL</td> <td colspan="2">47. BARREL LENGTH</td> <td colspan="2">48. CALIBER/GAUGE</td> </tr> <tr> <td colspan="4">49. TASER DART ID NO. C62004FR3</td> <td colspan="2">50. WEAPON SERIAL NO. (Include Letters) X300014TA</td> <td colspan="2">51. CHICAGO GUN REG. NO.</td> <td colspan="2">52. IL FIREARM OWNER ID. NO.</td> </tr> <tr> <td colspan="4">53. HANDGUN CERTIFICATE NO.</td> <td colspan="2">54. SPECIAL WEAPON CERTIFICATE NO.</td> <td colspan="2">55. PROPERTY INVENTORY NO.</td> <td colspan="2">56. TYPE OF AMMUNITION USED</td> </tr> <tr> <td colspan="4">57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1</td> <td colspan="2">58. TOTAL NO. OF SHOTS MEMBER FIRED</td> <td colspan="2">59. WHO FIRED FIRST SHOT</td> <td colspan="2">60. WAS FIREARM RELOADED DURING INCIDENT</td> </tr> <tr> <td colspan="4"> <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) </td> <td colspan="2"> <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO </td> <td colspan="2"> <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO </td> <td colspan="2"> <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO </td> </tr> <tr> <td colspan="4">61. HOW WAS MEMBER'S HANDGUN DRAWN</td> <td colspan="2">62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD</td> <td colspan="2">63. DID MEMBER USE EIGHTS</td> <td colspan="2">64. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) </td> <td colspan="2"> <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. </td> <td colspan="2"> <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO </td> <td colspan="2"> <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN </td> </tr> <tr> <td colspan="4">65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)</td> <td colspan="2">66. POSITION OF MEMBER DISCHARGING WEAPON</td> <td colspan="2">67. NOTIFICATIONS (OC OR TASER INCIDENT):</td> <td colspan="2">68. NOTIFICATIONS (FIREARM INCIDENT):</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN </td> <td colspan="2"> <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) </td> <td colspan="2"> <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. </td> <td colspan="2"> <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. </td> </tr> <tr> <td colspan="10"> Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. </td> </tr> <tr> <td colspan="4">73. REPORTING MEMBER (Print Name) CICCOLA, DOMINICK A</td> <td colspan="2">STAR/EMPLOYEE NO. 1329</td> <td colspan="2">SIGNATURE [REDACTED]</td> <td colspan="2">DATE REVIEWED 26-AUG-2014 19:35:24</td> </tr> <tr> <td colspan="10"> Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. </td> </tr> <tr> <td colspan="4">74. REVIEWING SUPERVISOR (Print Name) DOBEK, MIROSLAW</td> <td colspan="2">STAR NO. 2002</td> <td colspan="2">SIGNATURE [REDACTED]</td> <td colspan="2">TIME</td></tr></table>												41. WEAPON TYPE				42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS		<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		CLEAR		45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO. C62004FR3				50. WEAPON SERIAL NO. (Include Letters) X300014TA		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.				54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. HOW WAS MEMBER'S HANDGUN DRAWN				62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63. DID MEMBER USE EIGHTS		64. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				66. POSITION OF MEMBER DISCHARGING WEAPON		67. NOTIFICATIONS (OC OR TASER INCIDENT):		68. NOTIFICATIONS (FIREARM INCIDENT):		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										73. REPORTING MEMBER (Print Name) CICCOLA, DOMINICK A				STAR/EMPLOYEE NO. 1329		SIGNATURE [REDACTED]		DATE REVIEWED 26-AUG-2014 19:35:24		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										74. REVIEWING SUPERVISOR (Print Name) DOBEK, MIROSLAW				STAR NO. 2002		SIGNATURE [REDACTED]		TIME	
41. WEAPON TYPE				42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS																																																																																																																																																									
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		CLEAR																																																																																																																																																									
45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE																																																																																																																																																									
49. TASER DART ID NO. C62004FR3				50. WEAPON SERIAL NO. (Include Letters) X300014TA		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.																																																																																																																																																									
53. HANDGUN CERTIFICATE NO.				54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED																																																																																																																																																									
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT																																																																																																																																																									
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																																																									
61. HOW WAS MEMBER'S HANDGUN DRAWN				62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63. DID MEMBER USE EIGHTS		64. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																																																																																																																																																									
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																																																																																																																																																									
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				66. POSITION OF MEMBER DISCHARGING WEAPON		67. NOTIFICATIONS (OC OR TASER INCIDENT):		68. NOTIFICATIONS (FIREARM INCIDENT):																																																																																																																																																									
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.																																																																																																																																																									
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																																																																																																	
73. REPORTING MEMBER (Print Name) CICCOLA, DOMINICK A				STAR/EMPLOYEE NO. 1329		SIGNATURE [REDACTED]		DATE REVIEWED 26-AUG-2014 19:35:24																																																																																																																																																									
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																																																																																																																																	
74. REVIEWING SUPERVISOR (Print Name) DOBEK, MIROSLAW				STAR NO. 2002		SIGNATURE [REDACTED]		TIME																																																																																																																																																									

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Arrestee related that he was told by his mother to tell Co-Arrestee [REDACTED] to leave residence. Arrestee does not know why he was Tased. Arrestee related that he does not recall Officers verbal commands or resisting arrest. Arrestee related that he was arguing with girlfriend throughout this incident. Subject informed R/Lt that he is deaf in left ear.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Member(s) actions complied with department procedures. However, C.L. # 1071214 was obtained.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CONROY, PATRICK J

SIGNATURE

DATE COMPLETED TIME

26-AUG-2014 20:28:46

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
08/25/2014 18:45:10	08/25/2014 13:45:10	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	90% 90%
08/25/2014 18:45:12	08/25/2014 13:45:12	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	27°C 27°C	90% 90%
08/25/2014 19:17:04	08/25/2014 14:17:04	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	90% 90%
08/25/2014 19:17:06	08/25/2014 14:17:06	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	27°C 27°C	90% 90%
08/26/2014 02:26:07	08/25/2014 21:26:07	Armed	C1: 25' Standard C2: 25' Standard		28°C 28°C	90% 90%
08/26/2014 02:26:08	08/25/2014 21:26:08	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	28°C 28°C	90% 90%
08/26/2014 19:23:42	08/26/2014 14:23:42	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	90% 90%
08/26/2014 19:23:42	08/26/2014 14:23:42	Safe	C1: 25' Standard C2: 25' Standard	0s 0s	25°C 25°C	90% 90%
08/26/2014 19:23:43	08/26/2014 14:23:43	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	90% 90%
08/26/2014 19:23:45	08/26/2014 14:23:45	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		90% 90%
08/26/2014 19:23:45	08/26/2014 14:23:45	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	26°C 26°C	90% 90%
08/26/2014 20:40:39	08/26/2014 15:40:39	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	90% 90%
08/26/2014 20:40:42	08/26/2014 15:40:42	Trigger	C1: Deployed	5s		90% 90%
08/26/2014 20:42:23	08/26/2014 15:42:23	Safe	C1: Deployed C2: 25' Standard	1m 44s 1m 44s	36°C 36°C	90% 90%
08/26/2014 20:45:57	08/26/2014 15:45:57	Armed	C1: Deployed C2: 25' Standard		33°C 33°C	90% 90%
08/26/2014 20:54:23	08/26/2014 15:54:23	Safe	C1: Deployed C2: 25' Standard	8m 26s 8m 26s	45°C 45°C	87% 87%
08/26/2014 21:35:40	08/26/2014 16:35:40	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		32°C 32°C	0% 0%
08/26/2014 21:36:04	08/26/2014 16:36:04	Time Sync	08/26/2014 16:36:04 to 08/26/2014 16:36:33			

CL 1071214

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.388(6/03)-C

RD # [REDACTED]
 Case ID: [REDACTED]
 EVENT # [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
	Occurrence Location: [REDACTED] 291 - Residential Yard (Front/Back) Occurrence Date: 26 August 2014 15:18	Beat: 2512	Unit Assigned: 2531 RO Arrival Date: 26 August 2014 15:37 # Offenders: 3

NON-OFFENDER(S)	VICTIM - Individual		
	Name: GIBBONS, Kevin Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605 5555 W Grand Ave Chicago, Illinois Police Officer - Chicago Sobriety: Sober CPD Officer: No		Demographics Male White DOB: [REDACTED] Age: 34 Years Birth Place: Illinois
	WITNESS - Individual		
	Name: [REDACTED] Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605 CPD Officer: No		Demographics Female White DOB: [REDACTED] Age: 33 Years Birth Place: Illinois
	WITNESS - Individual		
	Name: [REDACTED] Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605 CPD Officer: No		Demographics Female White DOB: [REDACTED] Age: 35 Years Birth Place: Illinois
	WITNESS - Individual		
	Name: [REDACTED] Res: [REDACTED] CPD Officer: No		Demographics Female Black 5'06, 180 lbs Brown Eyes Black Hair Medium Hair Style Dark Brown Complexion DOB: [REDACTED] Age: 52 Years Birth Place: Illinois

RD # [REDACTED]



INJURY(S)	Injury Info (GIBBONS, Kevin - Victim)		
	Injured BY offender	Extent: Minor	
	CPD First Aid Given? Yes	CFD First Aid Given? Yes	Hospital: [REDACTED]
	Responding Unit: AMBULANCE 52		
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Laceration	Hand/Feet/Teeth/Etc.	Other - Hands And Closed Fists
	Bruised	Hand/Feet/Teeth/Etc.	Other - Hands And Closed Fists
	Injury Info [REDACTED] (Witness)		
	Injured BY offender	Extent: Minor	
	Other First Aid: HOSPITAL		
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Bruised	Hand/Feet/Teeth/Etc.	Other - Hands And Closed Fists

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]	Beat: 2512	Demographics
	Res: [REDACTED]		Male
			Black
			5'09,
			250 lbs ,
			Brown Eyes
			Black Hair
			Afro Hair Style
			Dark Brown Complexion
	Suspect # 2		In Custody
Name: [REDACTED]	Beat: 1021	Demographics	
Res: [REDACTED]		Male	
		Black	
		6'01,	
		250 lbs ,	
		Brown Eyes	
		Black Hair	
		Afro Hair Style	
		Medium Brown Complexion	
	Suspect # 3		In Custody
Name: [REDACTED]	Beat: 2512	Demographics	
Res: [REDACTED]		Male	
		Black	
		5'07,	
		160 lbs ,	
		Brown Eyes	
		Black Hair	
		Braids Hair Style	
		Medium Brown Complexion	

RELATIONSHIP	GIBBONS, Kevin	(Victim)	is a Other of	[REDACTED]	(Offender)
	GIBBONS, Kevin	(Victim)	is a Other of	[REDACTED]	(Offender)
	GIBBONS, Kevin	(Victim)	is a Other of	[REDACTED]	(Offender)
	MADLOCK-HAYES, Barbara	(Witness)	is a Mother of	[REDACTED]	(Offender)

Incident Related Info	
[REDACTED] (Suspect)	
Affiliation: MEMBER	Gang Identifications: [REDACTED]
Gang Name: [REDACTED]	Admission Colors Victim/Witness Statement Other
[REDACTED] (Suspect)	
Affiliation: MEMBER	Gang Identifications: [REDACTED]
Gang Name: [REDACTED]	Admission Clothing Victim/Witness Statement

Order Of Protection Info	
Order Of Protection #: IL	
Past Abuses: 1	Procedure Notifications
Access to Firearm? Yes	Domestic Info Notice Provided? Yes
Transportation Arranged/Provided to Relocate? Declined	Victim Advised of OOP Procedures? Yes
Victim Advised of Hotline #? Yes	Victim Advised of Warrant Procedures? Yes

Miscellaneous	
Victim Information Provided	Flash Message Sent ? Yes

NARRATIVES	
<p>EVEN [REDACTED] IN SUMMARY BEAT#2513 RESPONDED TO A DOMESTIC DISTURBANCE AT [REDACTED] R/O'S WERE CONFRONTED BY THE OFFENDER [REDACTED] IN THE FRONT OF THE HOUSE. PO GIBBONS TRIED TO CONDUCT A F/I AT WHICH TIME [REDACTED] (OFFENDER) STATED "FUCK YOU!" AND THEN PUSHED / SHOVED PO GIBBONS IN A VIOLENT MANNER WHICH PUSHED HIM BACKWARDS. [REDACTED] (OFFENDER) THEN STATED TO PO GIBBONS "I'LL FIGHT YOU!" AT WHICH TIME THE OFFENDER ATTEMPTED TO DEFEAT ARREST BY GOING ONTO THE FRONT PORCH. [REDACTED] (OFFENDER) AND [REDACTED] (OFFENDER) THEN EXITED THE RESIDENCE AND BLOCKED, AND STIFF ARMED PO GIBBONS FROM EFFECTING AN ARREST. [REDACTED] THEN SCURRIED BACK INTO THE HOUSE WITH [REDACTED] (OFFENDER), AND SLAMMED THE DOOR ON THE BEAT#2513. BEAT#2513 CALLED FOR ADDITIONAL UNITS 15:38 HOURS. [REDACTED] (OFFENDER) THEN EXITED THE SIDE OF THE HOUSE AND APPROACHED THE FRONT OF THE RESIDENCE THROUGH THE SIDE GANGWAY AND STATED, "FUCK YOU! I'LL KICK YOUR ASS!" AND THEN RAN BACK INTO THE HOUSE THROUGH THE SIDE DOOR. BEAT#2513 ATTEMPTED TO GO TO THE REAR OF THE RESIDENCE AND WAS MET BY [REDACTED] (OFFENDER) WHO FURTHER OBSTRUCTED PO GIBBONS BY OPENING HIS ARMS (STIFF ARMING) BY HOLDING HIM BACK AND BLOCKING HIS WAY THROUGH THE GANGWAY. R/O'S THEN MANAGED TO RELOCATE TO THE SIDE DOOR OF THE RESIDENCE WHICH WAS LOCKED AND COULD NOT ENTER THE RESIDENCE. PO GIBBONS THEN TRIED TO MAKE ENTRY INTO THE FRONT DOOR BY KICKING THE DOOR SEVERAL TIMES, AND THEN [REDACTED] THEN [REDACTED] OPENED THE FRONT DOOR AT WHICH TIME PO GIBBONS ATTEMPTED TO PLACE OFFENDER INTO CUSTODY. THE ASSAILANT THEN PULLED AWAY, AND REFUSED VERBAL DIRECTION, AND BECAME VERBALLY ABUSIVE, AND REFUSED ALL COMMANDS. PO GIBBONS THEN PERFORMED A EMERGENCY TAKE DOWN. R/O'S WERE ABLE TO PLACED THE ABOVE ASSLIANT INTO CUSTODY. ASSAILANT WAS PLACED INTO BEAT #2513 SQUAD CAR. BEAT#2513 WENT TO PLACE [REDACTED] (OFFENDER) INTO CUSTODY AT WHICH TIME HE WAS GIVEN VERBAL DIRECTION TO PLACE HIS HANDS BEHIND HIS BACK. PO GIBBONS PERFORMED AN EMERGENCY TAKE DOWN OF [REDACTED] (OFFENDER) AFTER HE REFUSED ALL VERBAL DIRECTION. OFFENDER STILL REFUSED TO PLACE HIS HANDS BEHIND HIS BACK AT WHICH TIME SGT CICCOLA#1329 DEPOLYED HIS TASER [REDACTED] SERIAL NUMBER [REDACTED], AND R/O'S WERE ABLE TO EFFECT THE ARREST. R/O'S CONTACTED CFD#52 ONSCENE, AND OFFENDER WAS TRANSPORTED TO OLR IN [REDACTED] CONDITION. DR. PAR SAW THE OFFENDER, AND RELATED THAT THE OFFENDER WAS IN [REDACTED] CONDITION. BEAT#2511 WENT TO THE OLR WITH THE OFFENDER. PO PUTNEY#8580 WHO WAS ALSO INVOLVED WITH TRYING TO PLACE THE OFFENDER [REDACTED] IN CUSTODY SHE [REDACTED] DURING THE CONFRONTATION. [REDACTED] (OFFENDER) PLACED INTO CUSTODY. ALL OFFENDERS WERE PLACED INTO CUSTODY, AND TRANSPORTED TO THE 025TH DISTRICT FOR PROCESSING. ALSO BEAT#2530 AND 2590 BOTH ONSCENE. SGT CICCOLA#1329 WAS ABLE TO RECOVER THE (2) TASER PRONGS, AND CARTIAGE AND INVENTORY</p>	



NARRATIVES

SAID ITEMS UNDER# [REDACTED] IPRA LUKAS # 117 NOTIFIED AND CL 1071214 OBTAINED FOR TASER DEPLOYMENT. R/O'S ORDERED AN ET TO TAKE PICTURES OF BOTH PO'S, AND OFFENDER. R/O'S CONTACTED A/N SPOKE TO KOLMAN#20448 BEAT#5334 ONSCENE AT 025TH DISTRICT.

NOTIFICATION: VIOLENT CRIMES ORTMAN Beat#: 5305A Star#: 20766 Emp#: Date: 26-AUG-2014 Time: 1743 NOT SUPERVISOR ON SCENE - STAR#: 1329 NAME: DOMINICK CICCOLA BEAT: 2530

ASSISTING OFFICER - STAR#: 6404 NAME: MICHAEL TOMASO BEAT: 2531

ASSISTING OFFICER - STAR#: 16511 NAME: ANGELO SANCHEZ BEAT: 2531

ARRESTING OFFICER ONLY - STAR#: 17347 NAME: JUSTYNA BALDAN BEAT: 2513

ASSISTING OFFICER - STAR#: 8580 NAME: JENNIFER PUTNEY BEAT: 2515

ASSISTING OFFICER - STAR#: 13844 NAME: BARBARA OWCA BEAT: 2515

SUPERVISOR ON SCENE - STAR#: 267 NAME: PATRICK CONROY BEAT: 2590

ASSISTING OFFICER - STAR#: 19208 NAME: JOSEPH DEFERVILLE BEAT: 2563C

ASSISTING OFFICER - STAR#: 15318 NAME: WILLIAM MORALES BEAT: 2563C

ASSISTING OFFICER - STAR#: 11571 NAME: MATTHEW GRAF BEAT: 2563C

ASSISTING OFFICER - STAR#: 13640 NAME: ANGELA PEREZ BEAT: 2563C

ASSISTING OFFICER - STAR#: 18365 NAME: DARIN HOEGER BEAT: 2542

TRANSPORT OFFICER - STAR#: 6659 NAME: VASILIOS GATSIOS BEAT: 2511

TRANSPORT OFFICER - STAR#: 17146 NAME: JAMAL MURARSHEED BEAT: 2511

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	6404	[REDACTED]	TOMASO, Michael, R	[REDACTED]	26 Aug 2014 21:27	025	2531

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
GIBBONS	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
GIBBONS	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	
GIBBONS	0454	Battery - Agg Po Hands No/Min Injury	
GIBBONS	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	
GIBBONS	0454	Battery - Agg Po Hands No/Min Injury	
GIBBONS	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 26-AUG-2014		TIME 15:43:00		2. ADDRESS OF OCCURRENCE <div style="background-color: black; width: 100%; height: 1.2em;"></div>				3. LOCATION CODE 291		4. BEAT/OCCUR 2512							
		5. POSITION 9171		6. LAST NAME CICCOLA		7. FIRST NAME DOMINICK A		8. STAR NO. 1329		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE <div style="background-color: black; width: 100%; height: 1.2em;"></div>		12. HT. 510		13. WT. 200	
SUBJECT INFORMATION		14. DATE OF APPT. 18-NOV-1991		15. EMPLOYEE NO. <div style="background-color: black; width: 100%; height: 1.2em;"></div>		16. UNIT & BEAT OF ASSIGNMENT 025 2530		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
		20. LAST NAME <div style="background-color: black; width: 100%; height: 1.2em;"></div>		21. FIRST NAME <div style="background-color: black; width: 100%; height: 1.2em;"></div>		22. M.I. <div style="background-color: black; width: 100%; height: 1.2em;"></div>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. <div style="background-color: black; width: 100%; height: 1.2em;"></div>		26. HT. 509		27. WT. 250			
REASON FOR USE OF FORCE (Check all that apply)		36. CHARGES PLACED <div style="background-color: black; width: 100%; height: 1.2em;"></div>												37. CB NO. <div style="background-color: black; width: 100%; height: 1.2em;"></div>		IR NO. <div style="background-color: black; width: 100%; height: 1.2em;"></div>		DNA <input type="checkbox"/>	
		38. DNA <input type="checkbox"/>																	
WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
				DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
CASE INFO.		MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____							
				39. DNA <input type="checkbox"/>															
SIGNATURES		40. ADDITIONAL INFORMATION <div style="background-color: black; width: 100%; height: 1.2em;"></div>												70. EVENT NO. <div style="background-color: black; width: 100%; height: 1.2em;"></div>					
		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																	
72		73. REPORTING MEMBER (Print Name) CICCOLA, DOMINICK A 26-AUG-2014 19:19:04		STAR/EMPLOYEE NO. 1329 <div style="background-color: black; width: 100%; height: 1.2em;"></div>		SIGNATURE <div style="background-color: black; width: 100%; height: 1.2em;"></div>		74. REVIEWING SUPERVISOR (Print Name) DOBEK, MIROSLAW 26-AUG-2014 19:35:24								71. R.D. NO. <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
								75. DATE REVIEWED 26-AUG-2014 19:35:24											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Arrestee related that he was told by his mother to tell Co-Arrestee [REDACTED] to leave residence. Arrestee does not know why he was Tased. Arrestee related that he does not recall Officers verbal commands or resisitng arrest. Arrestee related that he was arguing with girlfriend throughout this incident. Subject informed R/Lt that he is [REDACTED]

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Member(s) actions complied with department procedures. However, C.L. # 1071214 was obtained.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CONROY, PATRICK J

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

26-AUG-2014 20:28:46

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 26-AUG-2014		TIME 15:43:00		3. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 291		4. BEAT/OCCUR 2512																
	5. POSITION 9161		6. LAST NAME PUTNEY		7. FIRST NAME JENNIFER A		8. STAR NO. 8580		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 506		13. WT. 160									
	14. DATE OF APPT. 22-MAY-2006			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2515		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 250											
							31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																	
							33. SUBJECT INJURED? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		34. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																	
36. CHARGES PLACED 720 ILCS 5.0/31-1-A																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA						
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE															
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>															
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>															
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>																	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____																	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																			
39. DNA <input checked="" type="checkbox"/>																		40. ADDITIONAL INFORMATION								
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR				
45. MAKE/MANUFACTURER																		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE				
49. TASER DART ID NO.																		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		
54. SPECIAL WEAPON CERTIFICATE NO.																		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. [REDACTED]		
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		71. R.D. NO. [REDACTED]							
	73. REPORTING MEMBER (Print Name) PUTNEY, JENNIFER A 26-AUG-2014 19:01:50																		STAR/EMPLOYEE NO. 8580		SIGNATURE [REDACTED]					
	74. REVIEWING SUPERVISOR (Print Name) CICCOLA, DOMINICK A 26-AUG-2014 19:03:50																		STAR NO. 1329		SIGNATURE [REDACTED]		DATE REVIEWED 26-AUG-2014 19:03:50		TIME	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Arrestee related that he was told by his mother to tell Co-Arrestee [REDACTED] to leave residence. Arrestee does not know why he was Tased. Arrestee related that he does not recall Officers verbal commands or resisting arrest. Arrestee related that he was arguing with girlfriend throughout this incident. Subject informed R/Lt that he is [REDACTED]

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Member(s)actions complied with department procedures. However, C.L. # 1071214 was obtained.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CONROY, PATRICK J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

26-AUG-2014 19:58:55

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 26-AUG-2014		TIME 15:42:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 290		4. BEAT/OCCUR 2512																	
	5. POSITION 9161		6. LAST NAME DEFERVILLE		7. FIRST NAME JOSEPH E		8. STAR NO. 19208		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 600		13. WT. 200										
	14. DATE OF APPT. 24-FEB-2003		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2563C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 507		27. WT. 145												
	28. PHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																						
36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA							
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																		
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>																		
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>																		
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____																		
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																				
39. DNA <input checked="" type="checkbox"/>																		40. ADDITIONAL INFORMATION									
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
45. MAKE/MANUFACTURER																		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
49. TASER DART ID NO.																		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.																		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
CASE INFO.	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		71. R.D. NO. [REDACTED]								
	72. SIGNATURES																										
73. REPORTING MEMBER (Print Name) DEFERVILLE, JOSEPH E 26-AUG-2014 18:04:57																		STAR/EMPLOYEE NO. 19208		SIGNATURE [REDACTED]							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																											
74. REVIEWING SUPERVISOR (Print Name) CICCOLA, DOMINICK A																		STAR NO. 1329		SIGNATURE [REDACTED]		DATE REVIEWED 26-AUG-2014 18:07:24		TIME			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Arrestee related that he left residence where TRR occurred. Arrestee stated that he was angry and that Officer tried to stop him. Arrestee related that he pushed off of Officer. Arrestee said that he has no intention to injure Officer.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Member(s) actions complied with department procedures.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CONROY, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

26-AUG-2014 19:04:44

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 26-AUG-2014		TIME 15:43:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 291		4. BEAT/OCCUR 2512											
	5. POSITION 9164		6. LAST NAME GIBBONS		7. FIRST NAME KEVIN B		8. STAR NO. 11265		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 600		13. WT. 225				
	14. DATE OF APPT. 28-OCT-2002		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2513		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 250						
36. CHARGES PLACED 720 ILCS 5.0/31-1-A																		37. CB NO. [REDACTED]		IR NO. [REDACTED]	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>										
			ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
CASE INFO.	72.		NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														
SIGNATURES	73. REPORTING MEMBER (Print Name) GIBBONS, KEVIN B		STAR/EMPLOYEE NO. 11265		SIGNATURE [REDACTED]																
	26-AUG-2014 19:03:43																				
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
74. REVIEWING SUPERVISOR (Print Name) CICCOLA, DOMINICK A		STAR NO. 1329		SIGNATURE [REDACTED]		DATE REVIEWED 26-AUG-2014 19:05:09		TIME 26-AUG-2014 19:05:09													

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Arrestee related that he was told by his mother to tell Co-Arrestee [REDACTED] to leave residence. Arrestee does not know why he was Tased. Arrestee related that he does not recall Officers verbal commands or resisting arrest. Arrestee related that he was arguing with girlfriend throughout this incident. Subject informed R/Lt that he is [REDACTED]

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Member(s)actions complied with department procedures.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CONROY, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

26-AUG-2014 20:51:20

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) GIBBONS, KEVIN B		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 11265		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION PO/FIELD TRNING OFF		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 28-OCT-2002	EMPLOYEE NO. [REDACTED]	LOCATION CODE	
UNIT OF ASSIGNMENT 025	BEAT/CALL NO. 2513	BEAT OF OCCURRENCE 2512	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 26-AUG-2014
HEIGHT 600	WEIGHT 225	TIME 15:42:00	DAY OF WEEK TUESDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>1</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>1</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/PUSHED / SHUVED</u>	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED]	
WEATHER CONDITIONS		CB NO. [REDACTED] IR NO. [REDACTED]	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN	
APPROXIMATE OUTDOOR TEMPERATURE: 75 °F		NO. OF OFFENDERS PRESENT? <u>2</u>	

-

REPORTING MEMBER - SIGNATURE GIBBONS, KEVIN B	STAR NO. 11265	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE CONROY, PATRICK J	STAR NO. 267
--	-------------------	--	-----------------

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 26-AUG-2014		TIME 15:42:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 291		4. BEAT/OCCUR 2512											
	5. POSITION 9164		6. LAST NAME GIBBONS		7. FIRST NAME KEVIN B		8. STAR NO. 11265		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 600		13. WT. 225				
	14. DATE OF APPT. 28-OCT-2002		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2513		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 507		27. WT. 145						
	28. PHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. OTHER (SPECIFY), VERBAL THREAT (ASSAULT), HANDS/FISTS [REDACTED]		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE						
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>VERBAL THREATS AGAIN</u>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>PUSHED / SHOVED OFFIC</u>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____				
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)
CASE INFO.	72.		NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		70. EVENT NO. [REDACTED]		71. R.D. NO. [REDACTED]														
	73. REPORTING MEMBER (Print Name) GIBBONS, KEVIN B 26-AUG-2014 18:24:49		STAR/EMPLOYEE NO. 11265		SIGNATURE [REDACTED]																
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) CICCOLA, DOMINICK A		STAR NO. 1329		SIGNATURE [REDACTED]		DATE REVIEWED 26-AUG-2014 18:27:29		TIME												

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Arrestee related that he left residence where TRR occurred. Arrestee stated that he was angry and that Officer tried to stop him. Arrestee related that he pushed Officer. Arrestee said that he had no intention to injure Officer.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Member(s) actions complied with department procedures.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CONROY, PATRICK J

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

26-AUG-2014 20:43:58

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

C
I
Y
R
EVEN

ARREST REPORTING																																	
OFFENDER	<table><tr><td>Name</td><td></td><td>Beat: 1021</td><td>Male</td></tr><tr><td>Res</td><td></td><td></td><td>Black</td></tr><tr><td>DOB</td><td></td><td></td><td>5' 11"</td></tr><tr><td>AGE: 34 years</td><td></td><td></td><td>250 lbs</td></tr><tr><td>POB: Illinois</td><td></td><td></td><td>Brown Eyes</td></tr><tr><td>SSN:</td><td></td><td></td><td>Black Hair</td></tr><tr><td>DLN:</td><td></td><td></td><td>Medium Hair Style</td></tr><tr><td>ARMED WITH</td><td>Unarmed</td><td></td><td>Black Complexion</td></tr></table>	Name		Beat: 1021	Male	Res			Black	DOB			5' 11"	AGE: 34 years			250 lbs	POB: Illinois			Brown Eyes	SSN:			Black Hair	DLN:			Medium Hair Style	ARMED WITH	Unarmed		Black Complexion
Name		Beat: 1021	Male																														
Res			Black																														
DOB			5' 11"																														
AGE: 34 years			250 lbs																														
POB: Illinois			Brown Eyes																														
SSN:			Black Hair																														
DLN:			Medium Hair Style																														
ARMED WITH	Unarmed		Black Complexion																														
INCIDENT	<table><tr><td>Arrest Date: 26 August 2014 15:50</td><td>TRR Completed? No</td><td>Total No Arrested: 2</td><td>Co-Arrests</td><td>Assoc Cases</td></tr><tr><td>Location</td><td>Beat: 2512</td><td>Dependent Children? No</td><td>DCFS Ward ? No</td><td></td></tr><tr><td colspan="5">291 - Residential Yard (Front/Back)</td></tr><tr><td colspan="5">Holding Facility: District 025 Male Lockup</td></tr><tr><td colspan="5">Resisted Arrest? No</td></tr></table>	Arrest Date: 26 August 2014 15:50	TRR Completed? No	Total No Arrested: 2	Co-Arrests	Assoc Cases	Location	Beat: 2512	Dependent Children? No	DCFS Ward ? No		291 - Residential Yard (Front/Back)					Holding Facility: District 025 Male Lockup					Resisted Arrest? No											
Arrest Date: 26 August 2014 15:50	TRR Completed? No	Total No Arrested: 2	Co-Arrests	Assoc Cases																													
Location	Beat: 2512	Dependent Children? No	DCFS Ward ? No																														
291 - Residential Yard (Front/Back)																																	
Holding Facility: District 025 Male Lockup																																	
Resisted Arrest? No																																	
CHARGES	<table><tr><td>1</td><td>Offense As Cited</td><td>720 ILCS 5.0/31-1-A</td><td>Victim</td></tr><tr><td></td><td>RESISTING/PC OFF/CORR EMP/FRFTR</td><td></td><td>State Of Illinois, Po</td></tr><tr><td></td><td>Class A - Type M</td><td></td><td>Gibbons#11265</td></tr></table>	1	Offense As Cited	720 ILCS 5.0/31-1-A	Victim		RESISTING/PC OFF/CORR EMP/FRFTR		State Of Illinois, Po		Class A - Type M		Gibbons#11265																				
1	Offense As Cited	720 ILCS 5.0/31-1-A	Victim																														
	RESISTING/PC OFF/CORR EMP/FRFTR		State Of Illinois, Po																														
	Class A - Type M		Gibbons#11265																														
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED																																
WARRANT	NO WARRANT IDENTIFIED																																

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Gibbons#11265

Res: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

NON-OFFENDER(S)

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

Inv #

Description

Inv #

Description

PURSE / HANDBAG / WALLET

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT # [REDACTED] ABOVE SUBJECT ARRESTED IN THAT HE ATTEMPTED TO PREVENT AND OBSTRUCT ARRESTING OFFICER GIBBONS FROM EFFECTING AN ARREST BY STIFF ARMING AND BLOCKING ARRESTING OFFICER GIBBONS. A/O RAN NAME CHECK CLEAR LEADS, AND INVESTIGATIVE ALERTS. OFFENDER IS NOT ON GIPP OR TRAP.

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

COURT INFO

Desired Court Date: 02 September 2014

Branch: 50-4 5555 W GRAND - Room

Court Sgt Handle? No

Initial Court Date: 27 August 2014

Branch: 50-2 5555 W GRAND - Room

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #6404 TOMASO, M R [REDACTED] 26 AUG 2014 22:08

ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#11265	GIBBONS, K B [REDACTED]	2513
2nd Arresting Officer:	#17347	BALDAN, J [REDACTED]	2513

APPROVING SUPERVISOR:

Approval of Probable Cause : #791 ZAHN, D R [REDACTED] 26 AUG 2014 22:17

REPORTING PERSONNEL

ARREST PROCESSING REPORT

Holding Facility: District 025 Male Lockup
Received in Lockup: 26 August 2014 22:19
Prints Taken: 26 August 2014 22:17
Palprints Taken: Yes
Photograph Taken: 26 August 2014 22:33
Released from Lockup:

Time Last Fed:

Time Called:

Phone#: 773

Cell #: 8-3

Transport Details : 2PO 2515 26-AUG-2014 15:55

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? Yes
Carrying medication? No

Presently taking medication? Yes
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

States In Good Health

LOCKUP KEEPER COMMENTS:

26 AUG 2014 22:29 KIMBROUGH, Marcus K Takes Medication For Thyroid

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

#791 Zahn, David R [REDACTED]
27 AUG 2014 01:40
arrested with cbc [REDACTED] sent to cbc-1

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		WOOD, C F [REDACTED]	
Lockup Keeper:	#5516	ROSALES, A B [REDACTED]	
Assisting Arresting Officer:	#1329	CICCOLA, D A [REDACTED]	2530
Assisting Arresting Officer:	#19711	MUELLER, E R [REDACTED]	2531
Assisting Arresting Officer:	#6404	TOMASO, M R [REDACTED]	2531
Fingerprinted By:		WILLABY, H D [REDACTED]	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#791	ZAHN, D R [REDACTED]	27 AUG 2014 00:13

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

ARREST REPORTING

OFFENDER	Name:		Beat: 2512	Male
	Res:			Black
	DOB:			5' 07"
	AGE: 18 years			145 lbs
	POB: Illinois			Brown Eyes
	ARMED WITH Unarmed			Black Hair
				Dreadlocks Hair
				Style
				Medium Brown
				Complexion
INCIDENT	Arrest Date: 26 August 2014 15:42	TRR Completed? Yes	Total No Arrested:3	Co-Arrests
	Location: 290 - Residence	Beat: 2512	Dependent Children? No	Assoc Cases
	Holding Facility: District 025 Male Lockup			DCFS Ward ? No
	Resisted Arrest? Yes			
CHARGES	1	Offense As Cited 720 ILCS 5.0/12-3.05-D-4		Victim
		AGG BATTERY/PEACE OFFICER		P.O Gibbons, Kevin
	2	Offense As Cited 720 ILCS 5.0/31-1-A		P.O Gibbons, Kevin
		RESISTING/PC OFF/CORR EMP/FRFTR		
		Class A - Type M		
FELONY REVIEW	Felony Review : Approved	26 AUG 2014 23:00	Yassan, A	State's Attorneys's Office
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED			

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

ARREST COPY

ARREST REPORTING

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: P.O GIBBONS, Kevin

Res: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

Male

White

DOB:

Age: 35

Injured? Yes Deceased? No

Hospitalized? No

Treated and Released? Yes

ARREST COPY

ARREST REPORTING

Injuries: Laceration

ARREST COPY

ARREST REPORTING

RIGHT PINKY FINGER

Comments: [REDACTED]

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

event [REDACTED] In Summary, A/O's placed offender in custody for Aggravated battery to a uniformed police officer. A/O's responded to a call for service at above location regarding a domestic disturbance. During the course of the investigation above offender pushed / shoved P.o. Gibbons and fled back into the dwelling at above location. Offender then exited the side of the house and approached the front of the residence through the side gangway and stated, "Fuck you! I'll kick your ass!" and then ran back into the house through the side door. A short time later A/O's re-encountered above offender at the front door of above location and effected the arrest. At this time above offender did not listen to verbal directions and commands, pulled away and stiffended. A/O's conducted an emergency take down and emergency handcuffing at this time. During this brief struggle P.O. Gibbons received a laceration to his right pinky finger. Offender transported to 025 district for further processing.

Name check clear, has no ID, No USC, GIPP clear, TRAP program clear

COURT INFO

Desired Court Date: 02 September 2014

Branch: 50-4 5555 W GRAND - Room

Court Sgt Handle? No

Initial Court Date: 27 August 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #19208 DEFERVILLE, J E ([REDACTED]) 26 AUG 2014 22:15

ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#11265	GIBBONS, K B ([REDACTED])	2513
2nd Arresting Officer:	#19208	DEFERVILLE, J E ([REDACTED])	2563C

APPROVING SUPERVISOR:

Approval of Probable Cause : #791 ZAHN, D R ([REDACTED]) 26 AUG 2014 22:18

REPORTING PERSONNEL

ARREST PROCESSING REPORT

Holding Facility: District 025 Male Lockup
Received in Lockup: 26 August 2014 22:27
Prints Taken: 26 August 2014 22:26
Palprints Taken: Yes
Photograph Taken: 26 August 2014 22:42
Released from Lockup: 27 August 2014 05:45

Time Last Fed:
Time Called: Phone#: 773
Cell #: 7-6
Transport Details : 2PO 2573 26-AUG-2014 15:58

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? Yes
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

States In [REDACTED]

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		WOOD, C F	
Lockup Keeper:	#5516	ROSALES, A B	
Assisting Arresting Officer:	#1329	CICCOLA, D A	2530
Assisting Arresting Officer:	#16511	SANCHEZ, A R	2531
Assisting Arresting Officer:	#17146	MURARSHEED, J H	2511
Assisting Arresting Officer:	#17347	BALDAN, J	2513
Assisting Arresting Officer:	#19711	MUELLER, E R	2502
Assisting Arresting Officer:	#6404	TOMASO, M R	2531
Assisting Arresting Officer:	#6659	GATSIOS, V N	2511
Fingerprinted By:		WILLABY, H D	
Detective :	#20448	Kolman, Thomas	26 AUG 2014 23:36

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#791	ZAHN, D R	27 AUG 2014 00:56

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

C
I
Y
R
EVEN

ARREST REPORTING																																					
OFFENDER	<table><tr><td>Name</td><td></td><td>Beat: 2512</td><td>Male</td></tr><tr><td>Res</td><td></td><td></td><td>Black</td></tr><tr><td>DOB</td><td></td><td></td><td>5' 09"</td></tr><tr><td>AGE: 20 years</td><td></td><td></td><td>250 lbs</td></tr><tr><td>POB: Illinois</td><td></td><td></td><td>Brown Eyes</td></tr><tr><td>DLN</td><td></td><td></td><td>Black Hair</td></tr><tr><td>ARMED WITH</td><td>Unarmed</td><td></td><td>Afro Hair Style</td></tr><tr><td></td><td></td><td></td><td>Dark Brown</td></tr><tr><td></td><td></td><td></td><td>Complexion</td></tr></table>	Name		Beat: 2512	Male	Res			Black	DOB			5' 09"	AGE: 20 years			250 lbs	POB: Illinois			Brown Eyes	DLN			Black Hair	ARMED WITH	Unarmed		Afro Hair Style				Dark Brown				Complexion
Name		Beat: 2512	Male																																		
Res			Black																																		
DOB			5' 09"																																		
AGE: 20 years			250 lbs																																		
POB: Illinois			Brown Eyes																																		
DLN			Black Hair																																		
ARMED WITH	Unarmed		Afro Hair Style																																		
			Dark Brown																																		
			Complexion																																		
INCIDENT	<table><tr><td>Arrest Date: 26 August 2014 15:58</td><td>TRR Completed? Yes</td><td>Total No Arrested: 1</td><td>Co-Arrests</td><td>Assoc Cases</td></tr><tr><td>Location</td><td>Beat: 2512</td><td></td><td>DCFS Ward ? No</td><td></td></tr><tr><td></td><td>291 - Residential Yard (Front/Back)</td><td></td><td>Dependent Children? No</td><td></td></tr><tr><td>Holding Facility:</td><td>District 025 Male Lockup</td><td></td><td></td><td></td></tr><tr><td>Resisted Arrest?</td><td>Yes</td><td></td><td></td><td></td></tr></table>	Arrest Date: 26 August 2014 15:58	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases	Location	Beat: 2512		DCFS Ward ? No			291 - Residential Yard (Front/Back)		Dependent Children? No		Holding Facility:	District 025 Male Lockup				Resisted Arrest?	Yes														
Arrest Date: 26 August 2014 15:58	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases																																	
Location	Beat: 2512		DCFS Ward ? No																																		
	291 - Residential Yard (Front/Back)		Dependent Children? No																																		
Holding Facility:	District 025 Male Lockup																																				
Resisted Arrest?	Yes																																				
CHARGES	<table><tr><td>1</td><td>Offense As Cited</td><td>720 ILCS 5.0/31-1-A</td><td>Victim</td></tr><tr><td></td><td>RESISTING/PC OFF/CORR EMP/FRFTR</td><td></td><td>State Of Illinois, Po</td></tr><tr><td></td><td>Class A - Type M</td><td></td><td>Gibbons#11265</td></tr></table>	1	Offense As Cited	720 ILCS 5.0/31-1-A	Victim		RESISTING/PC OFF/CORR EMP/FRFTR		State Of Illinois, Po		Class A - Type M		Gibbons#11265																								
1	Offense As Cited	720 ILCS 5.0/31-1-A	Victim																																		
	RESISTING/PC OFF/CORR EMP/FRFTR		State Of Illinois, Po																																		
	Class A - Type M		Gibbons#11265																																		
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED																																				
WARRANT	NO WARRANT IDENTIFIED																																				

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Gibbons#11265

Res: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

NON-OFFENDER(S)

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

Inv #

Description

Inv #

Description

OTHER

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT # [REDACTED] ABOVE SUBJECT ARRESTED IN THAT HE ATTEMPTED TO PREVENT AND OBSTRUCT ARRESTING OFFICER GIBBONS FROM EFFECTING AN ARREST BY BLOCKING, STIFF ARMING AND HOLDING ARRESTING OFFICER GIBBONS. A/O RAN NAME CHECK CLEAR LEADS, AND INVESTIGATIVE ALERTS. OFFENDER IS ON PROBATION FOR A HATE CRIME. OFFENDER IS NOT ON GIPP, TRAP.

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

COURT INFO

Desired Court Date: 02 September 2014

Branch: 50-4 5555 W GRAND - Room

Court Sgt Handle? No

Initial Court Date: 27 August 2014

Branch: 50-2 5555 W GRAND - Room

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #6404 TOMASO, M R [REDACTED] 26 AUG 2014 22:04

ARRESTING OFFICER(S):

1st Arresting Officer: #11265 GIBBONS, K B [REDACTED] Beat 2513

2nd Arresting Officer: #17347 BALDAN, [REDACTED] Beat 2513

APPROVING SUPERVISOR:

Approval of Probable Cause : #791 ZAHN, D R [REDACTED] 26 AUG 2014 22:09

ARREST PROCESSING REPORT

Holding Facility: District 025 Male Lockup
Received in Lockup: 26 August 2014 22:14
Prints Taken: 26 August 2014 22:09
Palprints Taken: Yes
Photograph Taken: 26 August 2014 22:23
Released from Lockup:

Time Last Fed:
Time Called: Phone#: 773
Cell #: 3-2
Transport Details : 2PO 2511 26-AUG-2014 16:00

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? Yes
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? Yes
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Asthmatic

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

#791 Zahn, David R [REDACTED]
27 AUG 2014 01:39
arrested with cb: [REDACTED] sent to cbc-1

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		WOOD, C F ([REDACTED])	
Lockup Keeper:	#5516	ROSALES, A B ([REDACTED])	
Assisting Arresting Officer:	#1329	CICCOLA, D A ([REDACTED])	2530
Assisting Arresting Officer:	#17146	MURARSHEED, J H ([REDACTED])	2511
Assisting Arresting Officer:	#19711	MUELLER, E R ([REDACTED])	2531
Assisting Arresting Officer:	#6404	TOMASO, M R ([REDACTED])	2531
Assisting Arresting Officer:	#6659	GATSIOS, V N ([REDACTED])	2511
Fingerprinted By:		WOOD, C F ([REDACTED])	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#791	ZAHN, D R ([REDACTED])	27 AUG 2014 00:13